

ELECTRONIC PAYMENT AUTHORIZATION

Please complete, sign and return with a **voided check** to **US-FIN-BillPay@infios.com**. Please note: If a confirmation letter on bank letterhead is sent, the sender will still be subject to a verbal verification of banking details provided. Infios US, Inc., reserves the right to hold payment until a verbal verification can be completed.

Please Select One: New Authorization Changes to Existing Authorization

If this is a change to an existing authorization, please list last four digits of old bank account number: _____

Date: _____

Shipper Name (entity being invoiced): _____

Shipper Account Number(s): _____

Payee Entity Legal Name: _____

Payee Legal/Headquarters Street Address: _____

Payee City, State, Zip and Country: _____

Payee Contact Email Address (A/R preferred): _____

Remittance Email Address (if different from above): _____

Payee Phone (A/R preferred): _____

Payments via Electronic Credit Card:

Are credit cards accepted as a method of payment for invoices (USD ONLY)? YES NO

If credit cards are accepted, are there fees for processing? YES Fee Amount: _____ NO

Can **credit card** payments be emailed? YES NO

Email address: _____

Other notes for payment if payments can not be sent via Email. Please provide all details necessary for processing credit card payments (ie: needs to be charged via online platform, etc): _____

See next Page for electronic payments via bank transfer

Infios US, Inc.

7760 France Ave. S., Ste. 800

Bloomington, MN 55435 USA

T +1.800.328.3271 www.infios.com

Payments via Bank Transfer

In accordance with fraud-prevention policies, no electronic payments will be initiated until we are able to verbally confirm the banking information through a phone call verification. Sending a copy of a **voided check** can help to speed up the verification process.

Company authorizes Infios to initiate electronic payments to the Payee on behalf of Infios's client into the bank indicated below:

Payee Financial Institution: _____

Payee Financial Institution Country: _____

Payee Currency: USD CAD EUR GBP OTHER (please list) _____

For **USD** Payments:

Payee Bank Account #: _____

Payee Routing #: _____

Payee Bank SWIFT/BIC (if applicable): _____

Payee CLABE (for payments routed to Mexico): _____

For **CAD** Payments:

Payee Bank Account #: _____

Payee Canadian Routing Number: _____ Payee Bank #: _____ Payee Transit #: _____

Payee Bank SWIFT/BIC (if applicable): _____

Intermediary Bank Information (if applicable):

Bank Name: _____ Account: _____ SWIFT: _____

For **EUR** Payments:

Payee IBAN: _____

Payee Bank SWIFT/BIC: _____

For **GBP** Payments:

Payee Bank Account #: _____

Payee IBAN: _____

Payee British Sort Code: _____

Payee Bank SWIFT/BIC: _____

See Next Page for Other Currencies

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a Körber company

For Other Currencies:

Payee Bank Account #: _____

Payee IBAN: _____

Payee Bank SWIFT/BIC (if applicable): _____

Payee CLABE (for payments to Mexico): _____

Intermediary Bank Information (if applicable):

Bank Name: _____ Account: _____ SWIFT: _____

This authority is to remain in full force and effect until Infios has received notification of termination in such a time and in such a manner to afford Infios and Bank a reasonable opportunity to act on it. Any changes to this payment authorization form must be emailed to US-FIN-BillPay@infios.com and shall require up to ten (10) business days from the date of Infios's receipt of such email to become effective. If Payee receives payments that are not authorized by Infios's client, the Payee agrees to promptly reimburse such amounts to Infios. By signing below, Payee consents to the above terms:

Payee Signature

Title

Date

Payee Printed Name

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Infios
confidential